

BASICS II INDIA:

Technical Assistance for CARE India's Integrated Nutrition and Health Project II (INHP II)



 **BASICS II**



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Acronyms

AED	Academy for Educational Development
ANC	Antenatal care
ANM	Auxiliary nurse midwife
AWC	Anganwadi Center
AWW	Anganwadi worker
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior Change Communication
BCG	Baccillus Calmette Guerin
BDO	Block development officer
BF	Breastfeeding
BLAC	Block level advisory committee
BLRM	Block-level resource mapping
BMO	Block medical officer
BPs	Best practices (NHDs, CAs, CBMS, BLRM)
CA	Change agent
CB	Capacity building
CBMS	Community-Based Monitoring System
CBO	community-based organization
CBO	Capacity Building Officer
CBO	Community-based organization
CDPO	Child Development Project Officer
CF	Complementary Feeding
Chayan	CARE/India's HIV/AIDS program
CIHQ	Care India Headquarters
Cluster	Group of AWCs in a geographically contiguous area
CRS	Catholic Family Relief Services
CSB	Corn-soy blend
Dai	Traditional Birth Attendant
DHFW	Department of Health and Family Welfare
DLAC	District level advisory committee
DMO	District medical officer
DO	Documentation Officer
DO	Drop-outs
DPO	Demonstration Partnership Officer (INHP)
DPO	District Program Officer (ICDS)
DPT	Diphtheria-pertussis-tetanus vaccine
DS	Demonstration site
DT	District Team
DWCD	Department of Women and Child Development (Part of MOHRD)
EBF	Exclusive Breastfeeding
ELS	Early Learning Site
ENA	Essential Nutrition Actions
ENBC	Essential Newborn Care
FAQ	frequently asked questions
FCHV	female community health volunteer
FE	Final Evaluation
FGD	Focus Group Discussions
FPAI	Family Planning Association of India
GMP	Growth Monitoring and Promotion
GOI	Government of India

GPO	Government Partnerships Officer
HIB	Health information booth
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information Systems
ICDS	Integrated Child Development Services
ICMR	Indian Council for Medical Research
IDD	iodine deficiency disorder
IEC	Information, Education, Counseling
IFA	Iron folic acid
IGA	Income generating activity
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
INHP	Integrated Nutrition and Health Project
INHP I	Integrated Nutrition and Health Project Phase I (1996-2001)
INHP II	Integrated Nutrition and Health Project Phase II (2001-2006)
LHV	Lady health visitor
LO	Left-outs
LO/DO	Left-outs and Drop-outs
LS	Lady Supervisors
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MM	Mahila Mandals (women's group)
MM	Mahila Mandal
MO	Medical Officer
MO	Monitoring Officer
MOHFW	Ministry of Health and Family Welfare
MOHRD	Ministry of Human Resource Development
MOST	Micronutrient Operational Strategies and Technologies
MPR	Monthly Progress Report
MTR	Mid-Term Review
NFHS	National Family Health Survey
NGD	Nutrition Health Day
NGO	Non-governmental organization
NHD	Nutrition and Health Days
NHED	Nutrition and Health Education Sessions
NMR	Neonatal mortality rate
OPV	Oral polio vaccine
ORT	Oral rehydration therapy
PAHO	Pan American Health Organization
PD	Positive Deviance
PHC	Primary Health Center
PMT	Project Management Team
PRI	Panchayati Raj Institutions
RACHNA	Reproductive and Child Health, Nutrition, and HIV/AIDS
RAPs	Rapid assessment surveys
RS	Replication Site
RVO	Refined vegetable oil
SEARO	Regional Office for South-East Asia
SES	Socio-economic status
SHG	Self Help Group
SM	Social map
SMART	Supply management and resource tracking unit
SMT	Self-monitoring tool
SS	Systems strengthening



TAG	Technical Advisory Group
TBA	traditional birth attendant
THR	Take home ration
TT	Tetanus toxoid
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

Preface

Despite major gains in child survival in the last 25 years, more than 10 million children die each year before the age of five—often from diseases and conditions that are preventable or easily treated. The U.S. Agency for International Development (USAID) flagship project to improve child health is BASICS II, or Basic Support for Institutionalizing Child Survival (1999-2004). India was one of sixteen countries that received technical assistance from BASICS II.

India is the second most populous country in the world with over a billion people. During over fifty years of independence, India has made great strides in improving the quality of life for its people. However, the number of poor has increased since independence and there remain serious obstacles to achieving the country's food security, health and nutrition goals. In India, BASICS II is assisting CARE/India achieve the objectives of the Integrated Health and Nutrition Project II (INHP II). The role of BASICS II in India is to provide technical assistance to CARE to strengthen a package of child survival interventions. CARE, the implementing partner, had been working in India for more than 50 years providing humanitarian assistance and food supplementation. The INHP II project is the second phase of a ten-year project designed to support vulnerable families to achieve adequate nutrition and health status of women and children in 73 districts across eight states in India.

The tools which BASICS II helped design to operationalize the INHP II package of child survival interventions in India have been assembled in this report.

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Introduction

Since May 2001 in India, BASICS II has assisted CARE/India achieve the objectives of the Integrated Health and Nutrition Project II (INHP II). This strategy is unique for BASICS in that the emphasis is on strengthening an NGO, the implementation partner rather than government institutions directly. Through this partnership, BASICS II provides technical support and CARE's INHP II provides the implementation platform for increasing the effectiveness of an integrated health package on a large scale. Supported by the United States Agency for International Development (USAID) and the Government of India with both cash and in-kind contributions of food, CARE envisioned a strategy to enable households to better manage health risks through practicing healthy behaviors, empowering communities, building capable health institutions and advocating appropriate health technologies and public policies. INHP II works in close collaboration with the Ministry of Human Resource Development's Department of Women and Child Development (DWCD) and the Ministry of Health and Family Welfare (MOHFW). The results of the partnership will impact the Government of India's Reproductive and Child Health (RCH) program of the MOHFW and the Integrated Child Development Services (ICDS) program of the DWCD by increasing coverage with a package of essential nutrition and health services.

INHP is a ten-year project started in October 1996 with two distinct phases. The second phase of INHP started in October 2001 while the first phase concluded in September 2001. During the first phase, CARE learned valuable lessons in transforming a food distribution program to a maternal and child nutrition and health program. The final evaluation of the INHP I highlighted the achievements, and also made a set of recommendations to enhance its contributions to nutrition and health impact. During the second five-year phase of the INHP, additional support from USAID allowed CARE to expand its intervention package. CARE/INHP's health and nutrition activities in India are significant in size and scope, reaching over seven million women and children in approximately 100,000 communities. By demonstration and replication of successful strategies, INHP II is well positioned to influence an even larger population through the ICDS and RCH national programs.

The program goal of INHP II is to help vulnerable families to achieve sustainable improvement in the nutrition and health status. The first sub-objective is for service providers, especially Auxiliary nurse midwives and Anganwadi workers, to improve the quality and coverage of maternal and child health services and key systems, including training, supply chain management, and information management. The second sub-objective is to help communities sustain activities for improved maternal and child survival.

BASICS II focused its support in three areas:

- Improving the INHP II team's capacity to deliver a immunization, essential nutrition actions and basic newborn care interventions package through government and NGO entities;
- Assisting the INHP II team's capacity to strengthen systems, including planning and coordination for problem-solving at field level, improving supplies, training, and use of information; and
- Supporting the documentation of INHP II processes and results.

This report contains a compendium of reports and presentations developed by BASICS II for and with CARE's INHP II teams. It is a small sample of the outcome of a successful partnership that was fostered by USAID between a large PVO – CARE/India, and a global technical assistance group –BASICS II.

Products and Tools

Section 1: INHP II Technical Interventions

1.1 Reducing Child Malnutrition and Mortality in India: The Basis of Interventions in Newborn Care, Immunization, and Nutrition at the Community Level

Reducing Child Malnutrition and Mortality in India serves as a technical guide for CARE/India's INHP II program. It uses a problem-based approach to exploring the relevant issues and offering solutions. Of the four areas that are currently the main focus of child health programs, this document covers three that are primarily preventive: community based newborn care, strengthening primary immunization and nutrition.

This document is arranged in four sections, A, B, C, D and E. Section A sets the scene by outlining the major underlying causes of malnutrition and morbidity among children in India. In Sections B, C, and D we use a problem-based approach to identifying the problems in newborn care, immunization and nutrition, at the community level. Once the problems are identified and the underlying causes explored, we propose simple, doable evidence-based interventions to overcome the identified problems at the community level. A brief list of information sources and further reading materials is included at the end of each section. Relevant factual information is included as fact sheets or boxes within each section. Section E briefly explores the implications of HIV/AIDS on child health and nutrition interventions.

1.2 INHP II Behaviors Matrix

For medical officers and community health workers, this matrix is an excellent guide for providing adequate antenatal and postnatal care, designing training and supervision materials, and monitoring programs.

This chart or matrix summarizes the roles and responsibilities of certain individuals during pregnancy, delivery, and postpartum care. On the left chart is the column for the various periods of the life cycle, ranging from the first trimester of pregnancy to 12 months after delivery. The last two columns are devoted to program staff:

- Column 2: Mother and the Family
- Column 3: Community Workers, Change Agents, TBAs (traditional birth attendants), and CBOs (community-based organizations)
- Column 4: Government Workers, AWW (Anganwadi Worker), and ANM (Auxiliary nurse midwife)
- Column 5: Supervisors, CDPO (Child Development Project Officer), MO (medical officer), PHC (Primary Health Center)

Essentially, this easy-to-use and informative chart illustrates exactly what needs to be done, who needs to do it, and when it needs to be done.

1.3 Neonatal Mortality and Tetanus Immunization in Six States of India: Evidence from two National Family Health Surveys

The purpose of this study is to examine the effect of tetanus immunization of pregnant women on the risk of neonatal death in selected states of India during that survey as well as the subsequent survey conducted in 1998/99. The report looks at neonatal mortality, especially at ages of death associated with tetanus, adjusting for other risk factors and potential confounders, as well as trends in neonatal mortality between the two surveys.

1.4 Strengthening a Package of Essential Nutrition Actions in ICDS and RCH programs

According to WHO (2000), India has the largest number of malnourished children in the world. India also contributes to the largest number of preventable childhood deaths globally, of which 60% deaths are associated with malnutrition (Lancet Child Survival papers, June-July 2003). Grades of malnutrition that contribute the largest numbers of deaths and disabilities are Grade I and II. These grades are also the most easily preventable and reversible. These guidelines provide specific operational guidelines on how ICDS and RCH can accomplish this.

Programs operating at District or Block levels in India can prevent high levels of malnutrition using a package of interventions that is internationally referred to as “Essential Nutrition Actions”. This guide provides a framework and tools to improve the effectiveness of the nutrition package. It provides specific steps that will need to be taken to more effectively implement certain critical activities to reduce malnutrition in India.

1.5 Report on Some Community Processes of the INHP II Program in Four States of India

This report was prepared by a BASICS II consultant, Ram Shreshta, in response to a concern expressed by INHP II staff that voluntary work of the Change Agents (CAs) might not be sustained and there would be large numbers of dropouts. Panchayat Rajya Institutions (PRIs) (local governance organizations) have been implemented in some states of INHP II, and this report explores possible ways they can support Change Agents and Anganwadi workers as well as empower community women.

1.6 Presentation: INHP II Technical Interventions Package

The presentation highlights child malnutrition and morbidity in India and provides details on the INHP II package of interventions. Included are slides indicating why the intervention package was selected and the processes to implement them work.

1.7 Presentation: Reaching Every District: Diagnosing and Making a Coverage Improvement Plan for Immunization

The presentation describes the key operational elements necessary to improve routine immunization coverage at a district health level. It covers the re-establishment of outreach services; supportive supervision; community links with service delivery; monitoring and use of data for action; and planning and management of resources.

1.8 Presentation: Primary (aka “routine”) Immunization Programs: A bird’s-eye view

The presentation provides an overview of strengthening routine immunization programs with a focus on comprehensive long-term approaches to disease control and improving quality.

1.9 Presentation: Infant Deaths and Malnutrition: Some Critical Reflections

This presentation was given at a district-level workshop for government health officials in Kalahandi, Orissa in January 2004. It highlights the key linkages between INHP II interventions and how they help reduce infant mortality and malnutrition.

1.10 Presentation: Placing Bankura on the national map: Raising child health and nutrition standards

This presentation was given at a district-level workshop for government health officials in Bankura District, West Bengal in January 2004. It highlights the key linkages between INHP II interventions and how they help reduce infant mortality and malnutrition.

1.11 Presentation: Technical Update on Immunization

Slides from this presentation have been used in capacity building sessions for INHP II staff to understand the importance of routine immunization, maintaining the cold chain, and injection safety.

1.12 Presentation: Technical Update on Newborn Care at the Community Level

This presentation was used in capacity building sessions for INHP II staff to understand the components of newborn care at the community level. The slides provide a primer on fetal development, an overview of the basis of neonatal mortality, and the specific interventions which are likely to work at the community level.

1.13 Presentation: Technical Update on Nutrition Essentials

This presentation was used in capacity building sessions for INHP II staff to understand nutrition essentials. The slides provide an overview of the underlying causes of malnutrition and the steps that can be taken at the community level to keep children under 2 at the normal grade of malnutrition.

Section 2: Capacity Building

2.1 INHP II Capacity Building Approach

Capacity building in INHP II was envisioned as a set of processes that will stimulate continued actions at the community and systems level among different stakeholders to achieve changes and the desired impact. Capacity building encompasses training to include a wide range of activities to achieve needed understanding, skills and motivation to perform better at different levels. This Approach paper explores the capacity building strategy as it evolved over the first year of the project.

2.2 Capacity Building Modules

The following capacity building modules were developed as a guide for Block and District Training teams to use in their sessions with service providers and health officials of ICDS and RCH. The modules each correspond to the specific trainees as listed below:

Module #	Trainees	Facilitators
A1 First Round A1 Second Round	Change Agents	Block Training Teams / Other
A2	Traditional Birth Attendants	Block Training Teams / Other
A3	Community-based organizations	Block Training Teams / Other
B1 Framework	Anganwadi workers (AWW) and Auxiliary Nurse Midwives (ANM)	Block Training Teams
C1 Framework	Medical officers / Child Development Project Officers (CDPO) / Supervisors	District Training Teams
C2	Block Training Teams	District Training Teams
D1 Contents	District and State Level Action Committees (DLAC / SLAC)	Varies
D2	District Training Teams	Varies

2.3 Capacity Building Observation Checklist

This checklist was developed to assist program managers assess the accuracy and quality of immunization, nutrition, and newborn care messages at a specific capacity building or training session being observed. It can also be used as a framework to provide feedback for Block and District training teams conducting training sessions with service providers.

Section 3: Systems Strengthening

3.1 BASICS II Trip Reports related to Systems Strengthening

The following trip reports have particular focus on systems strengthening and immunization activities. The full text of these trip reports can be found on the accompanying CD-ROM.

A. Robert Steinglass (March 2003)

The purpose of this trip was to observe progress and identify gaps in Government systems and CARE early learning sites (ELS); assist CARE to identify what is in their manageable interest (and comparative advantage) for system strengthening; update BASICS plan of support to CARE, and determine whether there are opportunities to collaborate with SIFPSA in Uttar Pradesh.

B. Iqbal Hossein (January – February 2004)

The overall objective of the trip was to help and facilitate district system strengthening plan with involvement of relevant counterparts, based on experience gained from the district-planning workshop.

C. Carl Hasselblad (January – March 2004)

As described in the Scope of Work, the Consultant was to . . . “provide technical assistance . . . to support the approach that CARE/INHP must take to help strengthen systems within the government’s health and ICDS programs”.

D. Iqbal Hossein (August – September 2004)

E. Robert Steinglass (August - September 2004)

The purpose of both Mr. Hossein and Mr. Steinglass’ trips in August was to participate in the Multi-Agency Review of the Immunization Program in India. The overall objective of the review was to assess the current immunization system and immunization delivery practices to identify strengths, weaknesses, and bottlenecks in order that practical strategies for improving routine immunization can be strengthened. Mr. Hossein and Mr. Steinglass participated in field visits to the states of Uttar Pradesh and Bihar, respectively.

3.2 Block and District level Checklists with a focus on Primary (Routine) Immunization Activities

These checklists serve as tools for block and district level ICDS and Health officials to provide supportive supervision and monitoring to ensure supply chain and to continue to build capacity of service providers.

3.3 Checklist for Supervisors to use during routine visits to the AWC

This checklist covers aspects related to maternal and child health that an Anganwadi worker (AWW) is expected to perform. This does not include administrative duties and tasks related to commodity management, mahila mandals, and other non-health/nutrition components of ICDS. The tool is useful for RCH and ICDS officials and supervisors to use during routine visits to the AWC in order to identify gaps in service coverage and provide supportive supervision and feedback to the service providers.

3.4 Operational Details of the Newborn Care Package

This tool provides details of the specific actions that can be taken by the AWW, ANM, and their respective supervisors to promote safe home-based newborn care. It can be used as a guide or checklist for program managers and supervisors to monitor and strengthen service delivery, as well as provide feedback for supportive supervision.

3.5 NHD Observation Tool

A Nutrition & Health Day (NHD) is defined as a set day, when take-home rations are distributed and an Auxiliary Nurse Midwife (ANM) visits the Anganwadi center (AWC) and provides immunization and/or antenatal care. On this day birth spacing, education and referral for prevention and treatment of RTI/STI and HIV/AIDS are also provided. This day occurs at least once a month.

This tool was designed to help supervisors, RCH and ICDS officials, and INHP II staff observe the activities taking place on an NHD and provide them with a framework for making program improvements.

3.6 Home Visits Tool

The Home Visits tool was designed to help supervisors, RCH and ICDS officials, and INHP II staff understand the processes that are being implemented in the village. The tool first asks the AWWs to provide information of all pregnant women and children under two in the AWC. Approximately 3 households are selected in each category, and mothers are asked a series of questions to determine service utilization and behavior change.

3.7 Community tool for Immunization Self-monitoring and Health Education

This practical self-monitoring and educational tool is designed for testing and use by a community worker wherever an annual head count is conducted. The community itself can use the tool to increase its involvement in planning and monitoring immunization services.

3.8. Checklist for Understanding the Design and Use of Registers and Recording Formats

This checklist was designed to understand whether an AWW has an established systematic method of recording information related to mothers and children, which allows easy and accurate recording of services and behaviors for each individual, and whether such register/s is/are being meaningfully used. It can be used by supervisors and program managers as a guide to understand the recording and use of information in the field.

Section 4: Documentation, Monitoring, and Evaluation

4.1 Documentation Approach Paper

The main purpose of documenting INHP II processes systematically is to transfer experiences, tools and frameworks to expand the implementation of nutrition and health interventions. The output of this documentation effort will be a summary of information from a program spanning about 100 million people on what it takes to improve nutrition and health outcomes. The information can be used to guide the planning and implementation of large-scale nutrition and health programs where CARE is working and elsewhere.

This paper describes the approach, methodology, and steps for dissemination for the critical documentation activities undertaken by INHP II.

4.2 Presentation: Documenting Nutrition and Health Projects

The presentation was given during a session to build the capacity of Documentation and Monitoring/Evaluation Officers of INHP II. It provides an overview of the importance of documentation using country examples and lessons learned. It also describes the key steps in documentation and new trends in the process.

4.3 Lessons from the Early Learning Phase of INHP II (May 2002 – August 2003)

This report records the process of implementing Integrated Nutrition and Health Project II (INHP II) approaches and tools as designed in the INHP II Operational Strategy (CARE/India, 2002a) in the Early Learning Phase (ELP) of INHP II. Its focus is village-level processes in selected early learning sites (ELS) that were especially chosen for this purpose. It also involved a review of implementation at the state level using INHP II's Health Management Information System (HMIS). The documentation was scheduled early enough in the project to provide feedback and lessons learned for subsequent years. It also serves as "baseline" to prospectively document the start-up and scaling up of INHP II program processes. The findings and recommendations in this report represent one step toward developing an evidence-based, large-scale child survival and nutrition program that strengthens the Reproductive and Child Health (RCH) and Integrated Child Development Service (ICDS) program platforms in high-need states. INHP II is a central component of CARE/India's and USAID/India's overall development strategy. The Ministry of Health and Family Welfare (MOHFW) and ICDS objectives that are supported through INHP II are consistent with the Millennium Development Goals for child mortality and poverty reduction.

Quantitative and qualitative data were collected and reports reviewed to identify strengths, weaknesses, and attributable factors for changes related to INHP II objectives. Lessons learned were identified from a group of fifty-eight villages in eight states, based on events occurring mainly between May 2002 and August 2003.

4.4 Early Learning Phase: Assessment tools

Documentation and assessments in ELS provided the project teams with valuable information for decisions about mid-course corrections even though the period of implementation was too short for conclusive evidence about project design and approaches. Both quantitative and qualitative tools were developed to cover the following:

- *Rapid Assessment Surveys (RAPs)*: Household Surveys were conducted to measure behavior change at the household level through 10 outcome indicators in all eight states of INHP II.
- *Service Provider Questionnaires*: Anganwadi workers and Auxiliary nurse midwives were interviewed for their knowledge and skills in both ELS and RS. Change Agents were also covered in the ELS qualitative interviews.
- *In-depth qualitative interviews*: From the 30 ELS chosen for RAPs, thirteen ELS sites were chosen for the qualitative study. The information was used primarily to help explain the results and processes of the Household survey.

4.5 Presentations: Early Learning in INHP II

This presentation was developed to provide INHP II staff, donors, and counterparts with an overview of the key findings from the evaluation of the early learning sites (ELS). The second presentation was developed for advocacy purposes, in order to present key actions and recommendations resulting from the ELS findings.

4.6 Rapid Assessment Survey Tools – Baseline (November 2003) and Midterm Assessment (August 2004)

The questionnaires were used in Rapid Assessment Surveys to document behavior change and service delivery outcomes for INHP II interventions. Household surveys were conducted with mothers of children between the ages of 0-5 completed months and mothers of children between 6-23 completed months. They were designed to measure mothers' knowledge and practices regarding antenatal care, essential newborn care, routine immunization, and essential nutrition actions. Service provider questionnaires were designed to measure knowledge, skills, and practices of Anganwadi workers (AWW), Auxiliary Nurse Midwives (ANM), and Change Agents (CA) in these areas.

4.7 Qualitative Assessment tools

Various tools were developed to support INHP II staff gather and collect information during their field visits. Information from these tools were used for program improvement purposes or to provide supplementary information to help understand the results of the Rapid assessment surveys.

- Interview questionnaire for INHP II District team
- Tool to assess counseling skills of service providers
- Knowledge assessment – Change Agents
- Knowledge assessment – Supervisors
- Knowledge assessment – Traditional birth attendants
- Guidelines for interview with Block and District officials
- Guidelines for interview with District officials
- Block Level Action Committee (BLAC) Observation Guide

4.8 Presentation: INHP II Baseline (November 2003)

This presentation describes the results from the November 2003 baseline Rapid Assessment Surveys that were conducted in eight panel districts. Data was collected and analyzed using questionnaires at the household level. The RAPs were designed to measure mothers' knowledge and practices regarding antenatal care, essential newborn care, routine immunization, and essential nutrition actions. Anganwadi workers (AWW) and Auxiliary Nurse Midwives (ANM) were also interviewed.

4.9 Rapid Assessment Survey Results Report from Chhattisgarh and Orissa states

This report describes the results from the second round of surveys in July 2004 that were conducted in Kanker District of Chhattisgarh State and Kalahandi District of Orissa State. Data was collected and analyzed using questionnaires at the household level with mothers of children between the ages of 0-5 months and children between 6-23 completed months. The RAPs measured mothers' knowledge and practices regarding antenatal care, essential newborn care, routine immunization, and essential nutrition actions. Anganwadi workers (AWW) and Auxiliary Nurse Midwives (ANM) were also interviewed.

[This report is currently under development. For a draft, please contact Sridhar Srikantiah, BASICSII Country Team Leader in India at sridhar@basicsindia.org]

4.10 Presentation: Rapid Assessment Survey Results from Chhattisgarh and Orissa states

This presentation describes the results from the July 2004 Rapid Assessment Surveys that were conducted in Kanker District of Chhattisgarh State and Kalahandi District of Orissa State. The results present mothers' knowledge and practices regarding antenatal care, essential newborn care, routine immunization, and essential nutrition actions. Results from Anganwadi workers (AWW) and Auxiliary Nurse Midwives (ANM) are also included.

4.11 Costing INHP II Interventions: Minutes from an Expert Meeting

The objective of the meeting was to develop a framework for examining the costs of improving child health and nutrition using the INHP II strategy. The minutes from the meeting describe the details discussed in determining the scope and schedule of the costing study. Several experts in costing health programs were invited to help CARE define a broad structure for the study.